



Community Event Proposal Form



Date: _____

CONTACT INFORMATION

Name of organization planning event: _____

Please select the category that best describes you:

- Corporation
 School
 Community Group
 Service Club
 Individual

Name of main contact person: _____

Address: _____

Town/City: _____ Province: _____ Postal Code: _____

Email: _____ Website: _____

Phone Numbers: Home: _____ Business: _____

Fax: _____ Cell: _____

EVENT INFORMATION

Name of event: _____

Date of event: _____ Time of event: _____

Location of event: _____

Please give a brief description of the nature of the event and how the funds will be raised: _____

What inspired you to hold this event for William Osler Health System Foundation? _____

Please indicate if there are any other charities receiving funds from this event: No Yes, please indicate charity:

What is your fundraising goal? \$ _____

Where would you like your funds designated?

- Brampton Civic Hospital
 Etobicoke General Hospital
 Peel Memorial Hospital
 Area of greatest need

Would you consider a multi-year commitment? Yes, I would like more information No, not at this time

FOUNDATION'S ROLE IN YOUR EVENT

- Letter of endorsement to validate your event and help you solidify prizes and donations
- Foundation logo on promotional materials (approval must be received before going to print)
- Event details listed on www.oslerfoundation.org (i.e. event description, contact information)
- Advertise your event on Twitter (@OslerFoundation) or Facebook (William Osler Health System Foundation)
- Advertise your event to hospital staff

Please indicate the appropriate number of promotional materials you require for this event:

- Donation Boxes # _____
- Pamphlets # _____
- Banners: # _____
- Posters # _____
- Large cheque for cheque presentation
- Other: _____

In view of its limited staff and volunteer resources relative to the number of fundraising events in a typical year, participation by Foundation staff and volunteers should be minimal and should not be a critical element in the success in the success of any community event.

Please be advised that by publicly naming William Osler Health System Foundation as the beneficiary of your initiative, you are required to donate the full amount of the proceeds raised on our behalf. By signing below you confirm William Osler Health System Foundation will receive all net revenue from the event within 30 days of the event.

The William Osler Health System Foundation logo is copyright protected and its use is restricted. By signing below, you confirm all publicity for the proposed event will be submitted to Osler Foundation for approval prior to being printed or released.

X _____
Contact of proposed event

X _____
Approval of William Osler Health System Foundation Representative

Date: _____

Date: _____

PLEASE RETURN COMPLETED FORM TO:

Brampton Civic Hospital
Fax: 905-494-6547
Phone: 905-494-6556

Etobicoke General Hospital
Fax: 416-747-3377
Phone: 416-747-3388

**Peel Memorial Centre for
Integrated Health &
Wellness**
Fax: 905-863-2478
Phone: 905-863-2579